CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.

*	Questions from Administrative Law Judges may be submitted dir where the hearing took place, with a copy of the form directed to	ectly t the ap	o the CalFresh Policy analy propriate CalFresh Bureau	st assigned responsibility to the count unit manager.	
1.	RESPONSE NEEDED DUE TO:	5.	DATE OF REQUEST:	NEED RESPONSE BY:	
	✓ Policy/Regulation Interpretation		Jan 18, 2013	Feb 1, 2013	
	□ QC	6.	COUNTY/ORGANIZATION:		
	Fair Hearing		Dept of Social Services	3	
	Other:	7.	. subject: Expedited Services and LIHEAP		
2.	REQUESTOR NAME: Suzanne Garcia	8.	. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s). ACL 12-61 LIHEAP; MPP 63-301.51		
3.	PHONE NO.: 805-781-1895				
4.	REGULATION CITE(S):				
9.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):			V	
10.	REQUESTOR'S PROPOSED ANSWER:				
	Yes, since all HH's are eligible we would use the deductio	n whe	n determining if income	s less than housing + Utilities.	
11.	STATE POLICY RESPONSE (CFPB USE ONLY):		444	*****	
	Yes. California chose the federal option to use the standar Therefore, even prior to implementation of "heat and eat" (Service. Per MPP 63-301.51 a household may qualify for gross income and liquid resources are less than the house	ACL 1	(2-61), the SUA is used the firm the high service when the se	o determine eligibility to Expedited ousehold's combined monthly	

	FOR CDSS USE
DATE RECEIVED:	DATE RESPONDED TO COUNTY/ALJ;
1-18-13	2-01-13

. RESPONSE NEEDED DUE TO:	5.	DATE OF REQUEST:	NEED RESPONSE BY:
☐ Policy/Regulation Interpretation			THE TIEST STOLE DT.
□ ac	6.	COUNTY/ORGANIZATION:	
Fair HearingOther:	7.	SUBJECT:	· · · · · · · · · · · · · · · · · · ·
REQUESTOR NAME:	8.	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s)	
PHONE NO.:			
REGULATION CITE(S):			